



Routines-Based Interview

Video, Article (6.2a), and Interview Form (6.2b) Instructions

Please read

The routines-based interview is a powerful component in the process of intervention planning. If your district/agency chooses to incorporate this model into practice, the **trainer will complete the three activities presented here during formal training with the learner(s)**. Since this will add significant additional time necessary to complete this module, the trainer may choose to complete these activities at a separate training date and time. The trainer is further cautioned that there are associated practices tied to the routines-based interview, such as the Eco-map, which are not included in this brief activity. To ensure full understanding of this model, please consider the following:

Training and technical assistance

For keynote presentations, conference sessions, workshops, or site-specific technical assistance, contact Robin McWilliam by e-mail at Robin.McWilliam@Vanderbilt.edu. In addition to Dr. McWilliam, an international network of colleagues, former students and staff, trainers, faculty, and program directors that have experience with Dr. McWilliam's model are available.

Service coordinators benefit from learning about the routines-based interview. All participants should complete the following activities for this module independently outside of formal training time, if they are not included in formal training as described above.

Step 1

Review the content from the article, *Functional Intervention Planning: The Routines-Based Interview* (6.2a).

Step 2

View the video to observe Dr. Robin McWilliam as he demonstrates this activity.

Video *Routines-Based Interview (RBI)*

45-minute video example of an interview for developing an IFSP with a family. (\$20.00)

There are two ways to order materials:

1. Print the page from the website below, check materials desired, and fax the page to Sheila Allison, Assistant to the Director (615-936-0256).
2. E-mail Sheila.Allison@Vanderbilt.edu, listing the materials desired. You may list them by product number.
3. Visit the following website for a complete listing of Dr. McWilliam's materials:

<http://www.vanderbiltchildrens.com/interior.php?mid=983>

Step 3

Review 6.2b *Routines-Based Interview Form*. Place the above article and form in the portfolio guide after review. If this step is completed during formal training, role-play with the participant a brief interview, using the interview form for recording information, and place the form in portfolio.

Functional Intervention Planning: The Routines-Based Interview

R. A. McWilliam

Key Steps

- Prepare the family (and classroom staff, if needed) to report on routines
- Family reports on their routines
- Interviewer reviews concern and strength areas
- Family selects outcomes
- Family puts outcomes into priority order

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The Power of the Routines-Based Interview

The single most powerful component of the INTEGRATE model for conducting early intervention in natural environments is our process for intervention planning—routines-based assessment. Professionals and parents who have watched or participated in one of these routines-based interviews (RBIs) are amazed at the amount of information that emerges about

- ◆ The child's developmental status,
- ◆ The family's day-to-day life, and
- ◆ The feelings of the family member being interviewed.

The process consists of the following five steps.

Prepare caregivers to report on routines. Whereas professionals come to intervention planning with reports and much experience, caregivers do not have a good way to prepare for the meeting. This preparation consists of their identifying their typical-day routines and coming prepared to talk about (a) what everyone does, (b) what the child does, and (c) how happy they are with the routine.

Family reports on their routines. Unlike traditional IFSP or IEP meetings, where professionals sometimes give evaluation reports, the RBI starts with the family reporting on their routines.

Actually the first question the

interviewer asks is whether the family have any major concerns. The interviewer (or his or her partner) writes these down and then suggests beginning at the start of the parent's day ("How does your day start?").

At each routine, the interviewer asks about six things, without the family's really being aware of this structure:

- ◆ What does everyone do at this time?
- ◆ What does the child do?
- ◆ How does the child participate (engagement)?
- ◆ What does the child do by him- or herself

(Continued on page 2)

What Are Routines?

Routines are not necessarily things that happen routinely. They are simply times of day. It is impossible for a family to "have no routines." All families wake up, eat, hang out at home, bathe, go places.

Explaining the RBI to Parents

The routines-based interview (RBI) replaces a discussion of passes and failures on tests as the basis for deciding on intervention priorities. Or it replaces the vague question, "What would you like to work on?," which typically results in an equally vague answer.

Families who are used to either the test-based method or the vague question might be surprised at the RBI. Even more surprising might be why we're asking about family issues that seem only tangential to the

"identified client."

On the other hand, one parent I interviewed identified that as the thing she liked best about the RBI. "I don't want my whole life to focus on just one of my children, so I really liked it when he asked me about what [the child's sister] was doing as well as what [the child] was doing?"

The interviewer should begin the interview with a version of the following introduction:

"To come up with a plan for helping you and your child, I'd

like to ask you about your day-to-day life. By talking about those things, you will then be in a good position to pick the things that are most meaningful to your family, including your child. By focusing on the day-to-day things, we can make our suggestions fit in with what your child and your family are already doing."

The Power of the Routines-Based Interview (cont.)

(Continued from page 1)

- (independence)?
- How does the child communicate and get along with others (social relationships)?
- How satisfied is the caregiver with the routine?

To move from one routine to the next, the interviewer simply says, "Then what happens?" or, "What's next?" This avoids making assumptions about how the family conducts its daily life.

During the family's report of routines, the interviewer or his or her partner takes notes, marking areas of concern (I use a ☹️) or strength.

If the child is cared for outside the home for significant amounts of time, that caregiver should also be interviewed (see "Child Care Providers" on page 3). The interviewer asks the caregiver about the routines in that environment. For example, a day care provider would go

through the daily schedule.

Two powerful questions the interviewer can ask after all the routines have been discussed are

- When you lie awake at night, worrying, what do you worry about?
- If you could change anything in your life, what would it be?

Interviewer reviews concerns and strength areas. The interviewer goes through the marked items to refresh the parent's memory, showing the parent the paper on which notes were written.

Family selects outcomes. The interviewer asks, "When you think about all these areas of concern and strengths, what would you like the team to concentrate on? What do you want to go on the plan?"

The interviewer should be prepared to remind the parent of concern areas, without pushing

the point (e.g., "You mentioned she doesn't accept chunky food at breakfast. Is this something you want to deal with?"). The interviewer will have to be especially encouraging of parent-level needs (e.g., dealing with doctors, spending time alone, spending time with the partner). Many parents put "their own needs" after "the child's." From a family systems perspective, these distinctions are somewhat academic.

The list of "outcomes" should be as close to the way the parent worded it as possible. This is not the time to worry about making the wording fit the IFSP or IEP form.

This method typically yields 6-10 outcomes, some of which are directly to meet *parents'* needs.

Family puts outcomes into priority order. The interviewer shows the family their list of priorities and asks them to put them into the order of impor-

"To move from one routine to the next, the interviewer simply asks, 'Then what happens?' or, 'What's next?'"

(Continued on page 3)

Child Care Providers

If the child spends many hours with a child care provider other than the parent, that person has the opportunity to have a significant impact on the child's development. Therefore, that person should both provide information and be recruited to provide intervention.

Ideally, child care providers would be present at the routines-based interview and would be interviewed about "classroom" routines after the family has been interviewed about home routines. Because

many child care providers cannot leave their classrooms to be at such meetings, accommodations must be made.

The interviewer can interview the child care provider before the meeting. If this happens, the interviewer would then report, routine by routine, what the caregiver had reported.

Sometimes the problem with a child care provider's attendance at the interview is the length of time, the time of day, or the location. If the parent can be

present at the premeeting interview, that's even better.

The primary reason for getting the child care provider's input is so the parent has functional information from which to make decisions. A secondary reason, however, is to make child care providers realize that their input is valued. This becomes very important when recruiting them to carry out interventions.

"If the child spends many hours with a child care provider other than the parent, that person has the opportunity to have a significant impact on the child's development."

How Many Early Interventionists Does It Take to...?

Many things happen during a routines-based interview (RBI). Someone interviews the caregivers, someone takes notes, someone entertains the siblings, someone keeps the family dog at bay.... So how many interventionists does it take to conduct an RBI.

It's a good idea to have two professionals at the RBI, one to concentrate on asking ques-

tions and the other to do whatever else needs doing. Typically, this will be taking notes, but if the second person needs to do other things, then the interviewer needs to take notes.

Some programs have the second person keep track of items on an evaluation tool that can be answered through the RBI. In general, we don't recommend overwhelming the family with

many professionals at the RBI. If the RBI is used as part of the multidisciplinary evaluation required in Part C, two people from different disciplines need to be involved.

The most important principle is to keep the interview conversational.

"It's a good idea to have two professionals at the RBI"

The Power of the Routines-Based Interview (cont.)

(Continued from page 2)

tance. From this point onwards, the outcomes will always be listed in priority order. This will be important in support-based home visits.

This concludes the interview. The next step is to word the outcomes to fit on the paper and to explore strategies with the other team members. Only

after this list has been compiled can the team, including the parents, discuss what services are needed.

"This method typically yields 6-10 outcomes"

From 1997-2001, Project INTEGRATE was an outreach project funded by the U.S. Department of Education, Office of Special Education Programs. We set out to provide training and technical assistance in the area of integrated therapy and instruction in classroom-based programs, which we still do as needed. But by far the greatest demand has been for help to programs and states on the implementation of the natural-environments provision of the early intervention law.

Project INTEGRATE has provided training and technical assistance in over 40 communities in 17 states plus Puerto Rico and the U.S. Virgin Islands.

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Project INTEGRATE

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ROUTINES-BASED INTERVIEW FORM

Child's Name	
Date of Birth	
Person Being Interviewed	
Date	
Interviewer	

Introduction to the Routines-Based Interview (for the Family)


"The purposes of this interview are to make a list of useful things you would like the team to work on with your child and family and to get to know you better.


"To do this, I'll be asking you about your daily life, going through the different times of the day. I'll start with when you get up all the way to when you go to bed. This will help us understand what your child and family need our help for and it will help us make relevant suggestions.

"Two things you might not have thought about are these. First, your child's improvement comes from the little things that are done with him or her during the day, not from "lessons" or "sessions." Second, your child doesn't live in a vacuum; he or she lives in a family, so it's important for us to concentrate on the whole family—not just your child who's enrolled in the program.

"At any point in this interview, you can of course refuse to answer questions or ask us to stop. Is it OK if we proceed?"

"Before we get started, what overall concerns do you have?"

Routing:	___ Is this a home routine? How satisfied (1-5)? <input type="checkbox"/>
Question Prompts What's everyone doing? What's this child doing? Engagement Independence Social Relationships	___ Or is this a "classroom" routine? Fit of routine and child (1-5)? <input type="checkbox"/>
Summary Of Performance	Domains Addressed (CHECK ALL THAT APPLY) ___ Physical ___ Cognitive ___ Communication ___ Social or Emotional ___ Adaptive
	If a concern or priority, circle star 

Routing:	___ Is this a home routine? How satisfied (1-5)? <input type="checkbox"/>
Question Prompts What is everyone doing? What's this child doing? Engagement Independence Social Relationships	___ Or is this a "classroom" routine? Fit of routine and child (1-5)? <input type="checkbox"/>
Summary Of Performance	Domains Addressed (CHECK ALL THAT APPLY) ___ Physical ___ Cognitive ___ Communication ___ Social or Emotional ___ Adaptive
	If a concern or priority, circle star 

Make as many copies of this page as needed.

- ♦ Summarize information from Domains Addressed in the *current level of functioning* section of the IFSP.
- ♦ Review concerns and priorities, without writing them down.
- ♦ Ask the family, "What would you like the team to work on?"

Family's Outcomes

Priority	Outcome

- ♦ Ask the family, "What is the most important outcome?" Continue asking to establish priority order.
- ♦ Rewrite outcome statements (a) to fit your form, (b) with an *in order to* statement as appropriate, (c) considering both acquisition and maintenance, and (d) in a measurable way.



Coaching in Natural Environments

Gathering Information Pre-Quiz

1. **T or F** The primary focus of the initial interview is to determine if the child is eligible for the program.
2. The person gathering information during the family interview must:
 - A. Have a medical background to appropriately obtain and interpret the child's medical history.
 - B. Have in-depth knowledge of the child's diagnosis
 - C. Have skills in rapport-building and active listening
 - D. Never go alone, because of liability issues
3. **T or F** During the family interview you need to know what drugs the mother took during her pregnancy.
4. The initial interview should take place:
 - A. Without the child present so the care provider can concentrate
 - B. With all team members present so everyone hears the information directly from the parent(s)
 - C. Using a tape recorder so the interviewer(s) does not leave out important information
 - D. In a setting and at a time that is convenient and comfortable for the care providers(s)
5. The process of gathering information during the initial interview:
 - A. Should be designed to confirm all of the child's medical and developmental history
 - B. Should be as conversational and noninvasive as possible
 - C. Must be performed by a social worker
 - D. Should not take longer than 30 minutes

Rush, D. and Shelden, M. (2001). Coaching in Natural Environments. *Gathering Information*. Orelena Hawks Puckett Institute. [Online]. Available: <http://www.coachinginearlychildhood.org/webmodules/gatherinfo/prequiz.php> [Retrieved: 2004, June 1].



Coaching in Natural Environments

Gathering Information Pre-Quiz Answer Sheet

1. **T or F** ☒ The primary focus of the initial interview is to determine if the child is eligible for the program.
2. The person gathering information during the family interview must:
 - A. Have a medical background to appropriately obtain and interpret the child's medical history
 - B. Have in-depth knowledge of the child's diagnosis
 - ☒ C. Have skills in rapport-building and active listening
 - D. Never go alone, because of liability issues
3. **T or F** ☒ During the family interview you need to know what drugs the mother took during her pregnancy.
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 - A. Without the child present so the care provider can concentrate
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 - C. Using a tape recorder so the interviewer(s) does not leave out important information
 - ☒ D. In a setting and at a time that is convenient and comfortable for the care providers(s)
5. The process of gathering information during the initial interview:
 - A. Should be designed to confirm all of the child's medical and developmental history
 - ☒ B. Should be as conversational and noninvasive as possible
 - C. Must be performed by a social worker
 - D. Should not take longer than 30 minutes

[illegible]



Coaching in Natural Environments

Gathering Information Post-Quiz

1. **T or F** The primary focus of the initial interview is to determine if the child is eligible for the program.
2. The person gathering information during the family interview must:
 - A. Have a medical background to appropriately obtain and interpret the child's medical history
 - B. Have in-depth knowledge of the child's diagnosis
 - C. Have skills in rapport-building and active listening
 - D. Never go alone, because of liability issues
3. **T or F** During the family interview you need to know what drugs the mother took during her pregnancy.
4. The initial interview should take place:
 - A. Without the child present so the care provider can concentrate
 - B. With all team members present so everyone hears the information directly from the parent(s)
 - C. Using a tape recorder so the interviewer(s) does not leave out important information
 - D. In a setting and at a time that is convenient and comfortable for the care providers(s)
5. The process of gathering information during the initial interview:
 - A. Should be designed to confirm all of the child's medical and developmental history
 - B. Should be as conversational and noninvasive as possible
 - C. Must be performed by a social worker
 - D. Should not take longer than 30 minutes

Rush, D. and Shelden, M. (2001). Coaching in Natural Environments. *Gathering Information*. Orelena Hawks Puckett Institute. [Online]. Available: <http://www.coachinginearlychildhood.org/webmodules/gatherinfo/prequiz.php> [Retrieved: 2004, June 1].



Intake & Referral Pre-Test

This is an opportunity to assess what you already know about referral and intake as part of the early intervention process. If you are new to early intervention, do not despair. The opportunity to learn more about this information will be made available. Even if you are an experienced service coordinator, you may find some of these questions challenging.

Complete the quiz below.

1. **Write a definition** of “referral” as it relates to early intervention.

2. **Define** “primary referral source.”

3. **Define** “day” in reference to early intervention timelines.

4. **T or F** Upon receipt of the referral, the local point of entry (TEIS district office) shall appoint a service coordinator within five working days.

5. **T or F** The primary referral source shall refer the infant or toddler with suspected or known delays within two working days.

6. **T or F** The service coordinator will attempt to contact the family referred by phone or in person within five working days of receipt of the referral.

Participant's name _____ 6.7

7. If attempts to contact the family by phone or in person are unsuccessful, what should the service coordinator do?

8. During the initial meeting with the family, the incoming service coordinator shall (circle all that are true):
- a. Explain the scope of early intervention services to the family.
 - b. Tell the family where their child will be receiving services.
 - c. Discuss the family's procedural safeguards under IDEA Part C and provide a copy to the family for their records.
 - d. Request written parental consent for the multidisciplinary evaluation(s) and assessments.
 - e. Coordinate the multidisciplinary evaluation and assessment activities prior to the IFSP meeting.
9. **T or F** If the parent or legal guardian refuses the referral to TEIS for the appointment of an incoming service coordinator, the public agency who has received the initial referral shall obtain, in writing, the parent's refusal and document that they have been informed of their rights under IDEA Part C.
10. **T or F** If the family refuses referral to TEIS, but elects to pursue any early intervention service which must be supported through the lead agency, the agency helping the family will not be responsible for ensuring that all of the provisions and components included in the rights of the child and family under IDEA Part C are provided.

Tennessee Department of Education. (2001). *Rulemaking Hearing Rules of the State Board of Education Chapter 0520-1-10 Tennessee's Early Intervention System*. Tennessee Technological University Printing Services.



**More Rules for the Road
Intake & Referral
Pre-Test/ Post-Test
Trainer's Answer Key**

Let's look at these questions again. How did you do before? Please complete the quiz, correcting any answers as needed and adding the citation where the answer can be found. If you responded correctly to a question on the pre-test, you only need to cite the section where that information is found.

1. **Write a definition** of "referral" as it relates to early intervention.
"Referral" means the process that guides families toward and assists them in obtaining available resources and/or information regarding the early intervention system.
Cite the section where this information is found: 0520-1-10-.01(49) p.9
2. **Define** "primary referral source."
"Primary referral source" means hospitals (including prenatal and postnatal care facilities), physicians, parents, child care programs, local educational agencies, public health facilities, other social services agencies, other health care providers.
Cite the section where this information is found: 0520-1-10-.01 (44) p.9
3. **Define** "day" in reference to early intervention timelines.
"Day," unless otherwise specified, means calendar day.
Cite the section where this information is found: 0520-1-10-.01(10) p.3
4. **T or F** Upon receipt of the referral, the local point of entry (TEIS district office) shall appoint a service coordinator within five working days.
Cite the section where this information is found: 0520-1-10-.02 (4) (C) 1 p.13
5. **T or F** The primary referral source shall refer the infant or toddler with suspected or known delays within two working days.
Cite the section where this information is found: 0520-1-10-.02 (4) (a) p. 13

6. **T or F** The service coordinator will attempt to contact the family referred, by phone or in person within five working days of receipt of the referral.
Cite the section where this information is found: 0520-1-10-.02 (4) (C) (2) p.14
7. If attempts to contact the family by phone or in person are unsuccessful, what should the service coordinator do?
Send a letter on the fifth day and document attempts to contact the family.
Cite the section where this information is found: 0520-1-10-.02 (4) (C) (2) p.14
8. During the initial meeting with the family, the incoming service coordinator shall (circle all that are true):
- ☒ a. Explain the scope of early intervention services to the family
 - ☐ b. Tell the family where their child will be receiving services
 - ☒ c. Discuss the family's procedural safeguards under IDEA Part C and provide a copy to the family for their records
 - ☒ d. Request written parental consent for the multidisciplinary evaluation(s) and assessments
 - ☒ e. Coordinate the multidisciplinary evaluation and assessment activities prior to the IFSP meeting
- Cite the section where this information is found:** 0520-1-10-.02 (5) (a) p. 14
9. **T or F** If the parent or legal guardian refuses the referral to TEIS for the appointment of an incoming service coordinator, the public agency who has received the initial referral shall obtain, in writing, the parent's refusal and document that they have been informed of their rights under IDEA Part C.
Cite the section where this information is found: 0520-1-10-.02 (5) (b) p. 14
10. **T or F** If the family refuses referral to TEIS, but elects to pursue any early intervention service which must be supported through the lead agency, the agency helping the family will not be responsible for ensuring that all of the provisions and components included in the rights of the child and family under IDEA Part C are provided.
Cite the section where this information is found: 0520-1-10-.02 (5) (c) p. 14